

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.



Dr. Paul Corbier
Staton Corr Fac.
P.O. Box 56
Elmore, AL 36025

A. Signature

X *Angela Thorne*☐ Agent☐ Addressee

B. Received by (Printed Name)

Angela Thorne

C. Date of Delivery

*7-25-07*Delivery address different from item 1? ☐ YesIf Yes, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☒ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from service 1)

PS Form 3811, February 2004

7006 2760 0005 4873 1758

Domestic Return Receipt

102595-02-M-1540